

CLINICAL STUDY OF LIVER ABSCESS IN ALCOHOLIC AND NON ALCOHOLIC PATIENT

ABSTRACT

INTRODUCTION

Liver abscess is a common condition in India. India has 2nd highest incidence of liver abscess in the world. Liver abscesses are caused by bacterial, parasitic and fungal infection there is a much need to study the clinical spectrum of study

AIM OF THE STUDY

The aim of the study To correlate incidence of liver abscess in Alcoholic and non alcoholic Patients, spectrum of clinical presentations. To evaluate the efficacy of ultrasonography and to assess outcome of various treatment

MATERIALS AND METHODS

Study included 50 patients admitted in institute of generalsurgery, Rajiv gandhi govt general hospital, chennai with liver abscess. Detailed history of patient will be entered in proforma. Complete haemogram , LFT, Prothrombin time, urea, creatinine will be sent immediately on presentation. Preliminary Ultrasound of Abdomen and Pelvis will be done on the same day of presentation. CECT considered if needed. Treatment of patient decided based on patient condition according to hospital protocol. Patient will be informed about any surgical procedure and consent will be taken. Data plotted in master chart and statistical analysis was made.

RESULTS AND OBSERVATIONS

Most of the patients who presented with Liver Abscess were in the middle age with patients in third to fifth decade accounting for 71.0% of the cases. Mean age of presentation is 42yrs. study shows a very high incidence of Liver Abscess in males [90.0%]. Most of the patients who presented in this series presented with Fever [74.0%], abdominal pain(62.0%). Alcoholism was found to be the most consistent etiological factor in this study of liver abscess. 70% of the cases of this study were found to be alcoholics. Regarding LFT values SGOT was raised in 28% of patient, SGPT was raised in 26% Of patient, ALP was raised in 36% of patient, GGT was raised in 66% of patient, S.albumin was decreased in 14% of patient, PT was increased in 14% of patient. Usg was done in all cases, Isolated Right lobe was involved in 70% of cases, Isolated Left lobe was involved in 14% of cases, Both lobes involved in 16% of cases. Regarding treatment 34% of pts managed conservatively, While 52% of pts liver abscess drained by pigtail catheter drainage , 14% of pts underwent laparotomy and drainage.

CONCLUSION

Liver abscess is a very common condition in India. India has 2nd highest incidence of liver abscess in world. Liver abscesses occurred most commonly between 30-60 years. Most of the cases had an acute presentation. Males were affected more than females. Pain abdomen was the most consistent symptom. Fever being the most common occurring symptom. Alcohol consumption was

the single most important etiological factor for causation of liver abscesses. Alkaline phosphatase is the most consistently elevated among all Liver Function Tests. Raised Alkaline phosphatase level, Raised SGOT,SGPT,GGT, Hypoalbuminaemia, Prolonged Prothrombin time were considered as the predictive factors of complicated (Ruptured) liver abscess in this study. Liver abscess usually present as a solitary abscess most commonly in the right lobe of liver. All cases of liver abscesses do not require invasive management. Multiple small abscesses and solitary abscess of volume < 5cm can be managed successfully on conservative antimicrobial therapy alone but recurrence rate was high. Ultrasound Guided Pig Tail Catheter drainage procedure is a safe and effective method of liver abscess management in abscess size >5cm unruptured. Laparotomy and Drainage remains the standard of care in ruptured liver abscess into the peritoneal cavity in this study, as we had no recurrence and mortality associated with it.

KEYWORDS

Liver abscess, alcoholism.